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Nurse Executives Impacting the Human Experience in Health Care



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The human experience in health care over the past 2 and one-half years has been unprecedented. Impacted by the COVID-19 pandemic, march on the United States Capitol, economic crisis, social injustice, and growing concerns regarding structural racism—our health system is under siege. Executive nurse leaders find themselves at the crossroads of motivating colleagues to provide excellence in nursing and patient care while confronting both a current and future shortage of registered nurses. Over 30 nurse leaders from around the globe meet and strategize on creating a preferred future for health care. The purpose of this article is to describe The Beryl Institute, the formation of the nurse executive council, the work of its members, and a collective call to action.

For the nurse leader, the experience of the past 2 and one-half years has been immensely challenging. Across the continuum of care, in both inpatient and ambulatory services, rural or urban, for-profit, and nonprofit, union, and non-union health care hospitals and systems, the shared emotion and concern for the future of nursing and health care is top of mind in most conversations. Although health care organizations have repeatedly faced cyclical issues with RN supply and demand, this time, it is different. The mental toll has been heavy. A recent study by Press Ganey revealed millennial nurses are most likely to quit, and nearly 30% of all nurses are at risk for leaving their jobs.¹ AONL conducted 2 studies (July 2020 to February 2021) on the top challenges facing nurse leaders; over 2,471 nurse leaders completed or partially completed the survey.² In the July 2020 survey, the top challenges for nurse leaders included: communicating and implementing changing policies (54% of the respondents); surge staffing, training, and reallocation (52%); mental health and well-being of staff (49%); and access to PPE (46%). In the February 2021 survey, 2 challenges rose to the forefront: one, mental health and wellbeing of staff (67%), and two, surge staffing, training, and reallocation (65%).² The supply and demand of registered nurses has never been more threatened, yet patients and their families continue to seek health care services and have high expectations in a consumer-driven society. The nurse leader is

compelled to balance mental health and burnout concerns of the patient care staff, while improving the human experience of health care. The Beryl Institute Nurse Executive Council (NEC) was created to address both sides of the equation.

THE IMPORTANCE OF COMMUNITY AND AN EVOLUTION FROM PATIENT EXPERIENCE TO HUMAN EXPERIENCE

The importance of community has always been essential to nursing, for the idea of community is grounded in support and collaboration with a commitment to something greater. This premise served as the roots of

KEY POINTS

- **Two and one-half years unlike any other in health care: it requires the collective expertise and focus of executive nurse leaders to transform health care delivery.**
- **Follow the work of The Beryl Institute Nurse Executive Council and actively participate in the annual PX conference sponsored by The Beryl Institute.**
- **Sign A Declaration for Human Experience; use it as a model to change how we will approach the collective human experience around the globe.**

The Beryl Institute itself as it launched as a global membership community in the fall of 2010 with the commitment to improving the patient experience in health care. Over the last 11 years, the Institute has worked to standardize a definition for patient experience that is now adopted or adapted by health care organizations worldwide, framing experience as the sum of all interactions shaped by an organization's culture and that influence patient perceptions across the continuum of care.³ This foundational and integrated perspective became the cornerstone of the emerging field of patient experience fostered by the Institute and its growing global community.

From establishing a community that is now almost 60,000 people strong in over 80 countries, the Institute has woven together health care professionals and clinicians, patients, care partners, and health care vendors around a commitment to improving health care overall. From establishing a central body of knowledge and essential evidence-based learning programs expanded through the *Patient Experience Journal* accessed in 220 countries and territories, to a formal certification for experience professionals, the community has worked to consistently expand the conversation through research and collaboration, connection, and shared learning. This collaborative idea, reinforced by the intentional placement of culture at the center of the definition of experience itself, highlighted that for a commitment to experience for patient and families to be effective or lasting, it also had to consider the needs of the health care workforce. This work has been reinforced by actively engaging with the communities that health care organizations serve. The Institute's work suggests that if we are to truly be effective overall in healthcare and more specifically have a positive impact as leaders, we need to consider the broader human experience in health care itself.⁴

The human experience has always been essential to our work in health care as human beings caring for human beings. It also reflects that we have an opportunity and a responsibility as healthcare leaders, to commit to the broader integrated view of human experience itself. In the article "Reexamining 'Defining Patient Experience': The Human Experience in Healthcare,"⁴ the authors offer this key point:

The human experience in healthcare integrates the sum of all interactions, every encounter among patients, families and care partners and the healthcare workforce. It is driven by the culture of healthcare organizations and systems that work tirelessly to support a healthcare ecosystem that operates within the breadth of the care continuum into the communities they serve and the ever-changing environmental landscapes in which they are situated. The human experience in health care ultimately is the fruit born from the core of patient experience itself.

That is why the authors suggest and we reaffirm, "The human experience—encompassing patient, workforce and community experiences—is not a move away from the foundational definition of patient experience but rather the positive and natural expansion of it."^{4(p.23)} This is what makes the role of nurse leader so critical at this juncture of this moment in our shared history and the evolution of health care as a result. Nurse leaders stand at the intersection of ensuring the best in experience for patients and care partners, the best environment in which the workforce can thrive and live their purpose and the strong connection to the community's health care organizations served every day. It is both a delicate and critical task. It is why we reaffirm nurse leaders are an essential driver of the human experience in health care. It is also why it is important we ensure there is space for these leaders to convene themselves, share, learn, support and recharge as they sustain this essential mission. The nurse executive council was designed as a place to do just that.

FORMATION OF THE NURSE EXECUTIVE COUNCIL

The Beryl Institute has been bringing together professional and public health care communities with a goal to create actions that improve patient experience across the care continuum. What became clear in the early years of The Beryl Institute was that nurses and nurse leaders were missing from the dialogue. At the 2015 Beryl Conference, 2 nurse leaders floated the idea of creating a nurse executive council to the Beryl president, arguing that key players and voices of the patient experience were missing from the Beryl community. A draft charter was drawn up, and in March 2016, the planning efforts began, and attendees were invited to participate in the inaugural meeting in March 2017. Through brainstorming with nurse leaders who attended The Patient Experience Conference in spring 2017, the creation of a safe community of nurse leaders who could share ideas and expertise in this important area of patient care was formed. In 2018, the nurse executive council developed strategic objectives, with an overall goal to act as a group of nurse executives committed to elevating the conversation and actions improving patient experience by engaging with one another, sharing ideas, and expanding the involvement of nurse executives in The Beryl Institute community. The overall purpose of the nurse executive council was to build a network of nurse executives that will:

- Share knowledge, resources and learning with NEC council members on a regular basis through quarterly calls, or in-person meetings at the PX Conference or other venues.
- Work collaboratively with The Beryl Institute executive team to:

- ✓ Develop a strategy for engaging nurse executive and nurses in the broader patient experience movement in collaboration with interprofessional partners.
- ✓ Advise The Beryl Institute on topics of relevance and issues pertaining to nurse executive and nurses.
 - Support the development of a content pipeline for publications, webinars and other resources from the Institute for nurse executive and nurses based on critical areas of interest (i.e., workforce, employee engagement).
 - Guide program development relevant to nurse executive and nurses for the PX Conference and other events and programming.
- ✓ Inform the research agenda and other initiatives of The Beryl Institute.
- ✓ Act as an ambassador for The Beryl Institute, helping to spread the word about the value of the organization and make connections to others.
- ✓ Provide expert advice and advocacy to influence and advance patient experience practices and policies in local, regional, national, and international arenas and organizations.
- ✓ Serve as thought leaders for patient experience innovation.

The nurse executive council meets 4 times a year, 3 times virtually and once in conjunction with the Patient Experience Conference. The purpose of meetings is to share proven practice cases, allow for broader discussion on needs and ideas, and provide specific input or feedback as requested from the Institute.

COUNCIL ACTIVITIES

The first meeting of the nursing executive council occurred in 2017 where a group of 30 nurse leaders met for the first time at the annual PX Conference. The group represented nursing from both hospital and academic settings and from all parts of the United States. The leaders present at the meeting recognized how significantly the workforce experience, in particular concern for their personal safety, was affecting care being received by patients and families. The group agreed that the NEC could play an important role in participating with other Beryl work groups and affirming that the best patient, family, and community experiences will only occur when an equal consideration is taken to the experience of health care workers.

The pandemic eliminated the NEC's ability to meet in person, but the quarterly virtual nurse leader meetings have continued and provide an important opportunity for nurse leaders to share experiences and work collectively on recommendations. The membership of the committee has expanded to include representatives from Canada, Brazil, and the United Kingdom. Unquestionably, the most important functions of the

council for the participants has been in providing support and confirmation of the burdens experienced by all leaders in health care today.

The NEC fully supported the development and release of the Beryl Declaration of Human Experience, which encourages a reflection on the current realities of today's health care environment, but also urges the active development of plans to move forward. In consideration of this, the NEC worked to put together a paper in the fall of 2021 that acknowledged the current issues for the workforce and patients and family and community and to offer recommendations on steps for nurse leaders to take to begin to move forward. The article, cited earlier, "Rebuilding a Foundation of Trust: A Call to Action in Creating a Safe Environment for Everyone," represents the culmination of this work.⁵

The incredible challenges of the last 2 and one-half years have made the importance of The Beryl Institute Declaration of Human Experience even more profoundly impactful. The nursing executive council will play an important part of the discussion as leaders worldwide work to repair and reshape health care experience.

CALL TO ACTION

The future will look back on this time and rightly judge how we have handled the health care crises at hand. Nurse leaders have risen to the challenge, in spite of the COVID-19 pandemic, through the use of decisive decision-making, continual adaptation to novel situations and issues, ensuring reliable and safe delivery of care in the midst of personal protective equipment shortages and ever-changing guidance from local, State and Federal health agencies.⁶ Global impacts on the community of nurses continue to challenge our day-to-day work in the midst of a pandemic, violence in the workplace, structural racism, addressing social determinants of health and inequities in health care delivery systems, employer-mandated vaccine requirements, and RN supply and demand. If there was ever a time for reflection and change, it is now. We urge our fellow nurse leaders to sign A Declaration for Human Experience (<https://TransformHX.org>) and help us innovate at a rapid pace to improve the lives for our nurses, the public we serve and our global community. Consider individual and/or organizational membership in The Beryl Institute and take advantage of the resource center, publications, webinars, podcast/videos, special interest communities, and the *Patient Experience Journal*. We encourage nurse leaders to strengthen your leadership role, and innovate and expand your voice and influence to transform health care delivery across the continuum of care. Remember that the public trusts you and believes you have solutions to perplexing problems in health care delivery. Remind governing boards of the true impact and value of professional nursing on staff engagement, quality

and safety outcomes, patient experience, and financial outcomes of health care delivery.

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